

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-002027

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 146

AMENDED

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City Mo

Length of stay in 1b

15 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Baptist Memorial Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR TOWN

Kansas City Mo

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

7811 Wornall Rd

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Jesse

Middle P.

Last Smith

4. DATE OF DEATH

Month

Day

Year

1-9-1962

5. SEX

male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-5-1898

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

owner C & G

10b. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (City and state or country)

Richmond Mo

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

John S Smith

13b. MOTHER'S MAIDEN NAME

Emma Randolph

14. NAME OF HUSBAND OR WIFE

Catherine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Catherine Smith

Address

7811 Wornall Rd

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Hugh H. Owens

(Degree or title)

Coroner

22b. ADDRESS

152 Union Station

22c. DATE SIGNED

1-10-62

23a. BURIAL CREMATION REMOVAL (Specify)

Removal

23b. DATE

1-11-62

23c. NAME OF CEMETERY OR CREMATORY

Richmond, Missouri

23d. LOCATION (City, town, or county)

Richmond, Missouri

(State)

24. FUNERAL DIRECTOR

Wornall Funeral Home, Inc

ADDRESS

1-10-62

25. DATE RECD. BY LOCAL REG.

1-10-62

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. E. Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.